

Provider Profiling

Residential Treatment
Facilities

10/1/09 to 9/30/10





Residential Treatment Facilities

CBHNP utilizes a provider profiling process that is an important provider-level quality improvement activity, as well as an opportunity to internally track and trend data over a set period of time to identify possible areas of improvement. It is also a tool to make meaningful comparisons based on a varied data set including claims data, authorization data, quality reports and demographic information. Provider profiling results have been compiled using data from October 1, 2009 to September 30, 2010.

Residential Treatment Facilities (RTF) are twenty-four hour per day facilities in which alternative education, intervention or support programs are provided to one or more children to prevent a child's placement in a more restrictive setting or to facilitate a child's reunification with his/her family.

Overall, thirteen RTF providers were profiled based on high volume criteria. The high volume criterion was those facilities that served greater than ten unique Members for the period. It is important to note that the data is representative of the entire Network, combining both Capital and North Central data for each identified provider.

Profiled Providers

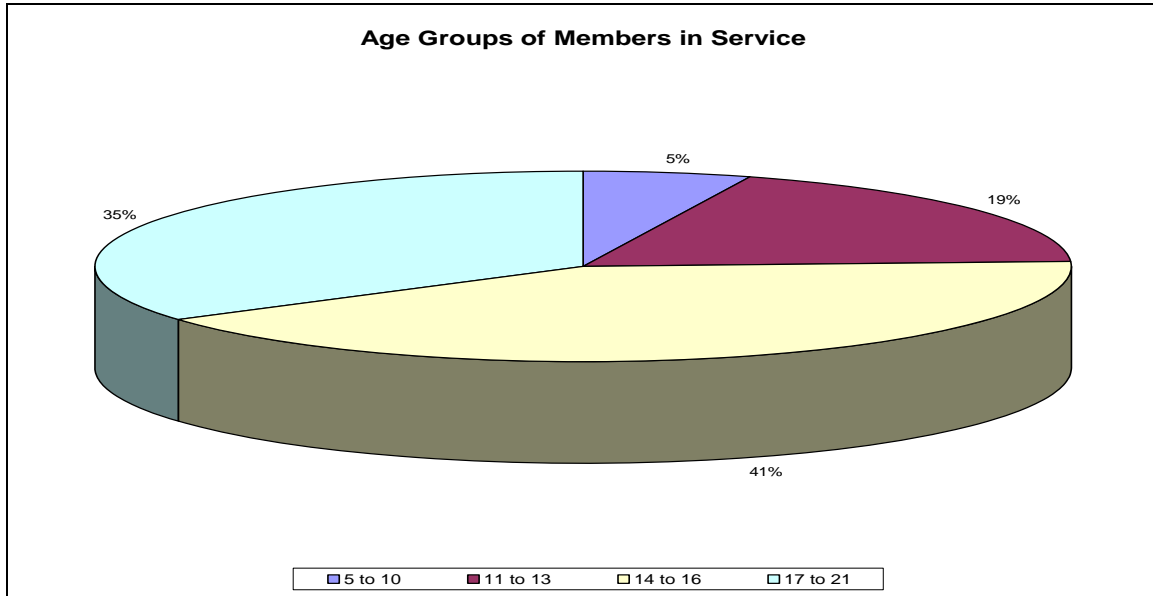
1. Adelphoi Village
2. Bradley Center, Inc.
3. Children's Center for Treatment
4. CHOR/Youth and Family Services
5. The Devereux Foundation, Inc.
6. Diversified Treatment Alternatives
7. Hoffman Homes, Inc.
8. KidsPeace National Centers, Inc.
9. Pennsylvania Clinical School
10. Perseus House, Inc.
11. Philhaven
12. Southwood Psychiatric Hospital
13. Wordsworth Academy

Profiled indicators include demographics, utilization, service delivery, quality, compliance and satisfaction.

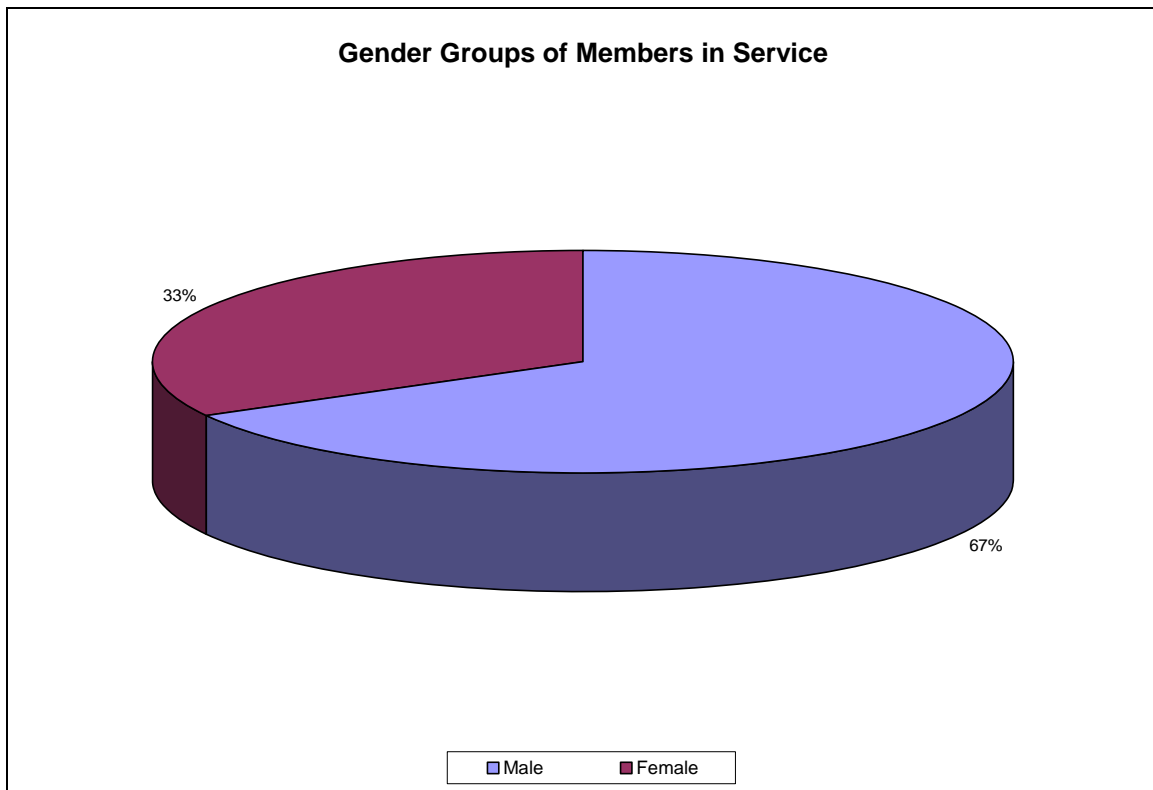
Demographics

Demographic information available for Members receiving RTF services includes age, gender, race and diagnostic data.

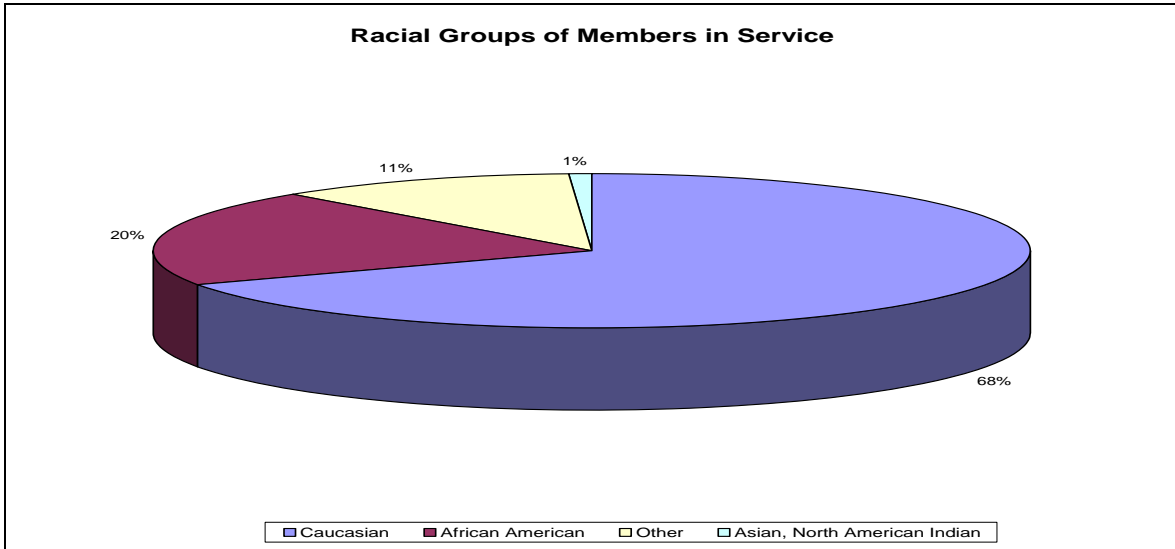
Overall, five percent of the Members served were between five and ten, nineteen percent were between eleven and thirteen, forty-one percent were fourteen to sixteen, and thirty-five percent were between the ages of seventeen and twenty-one.



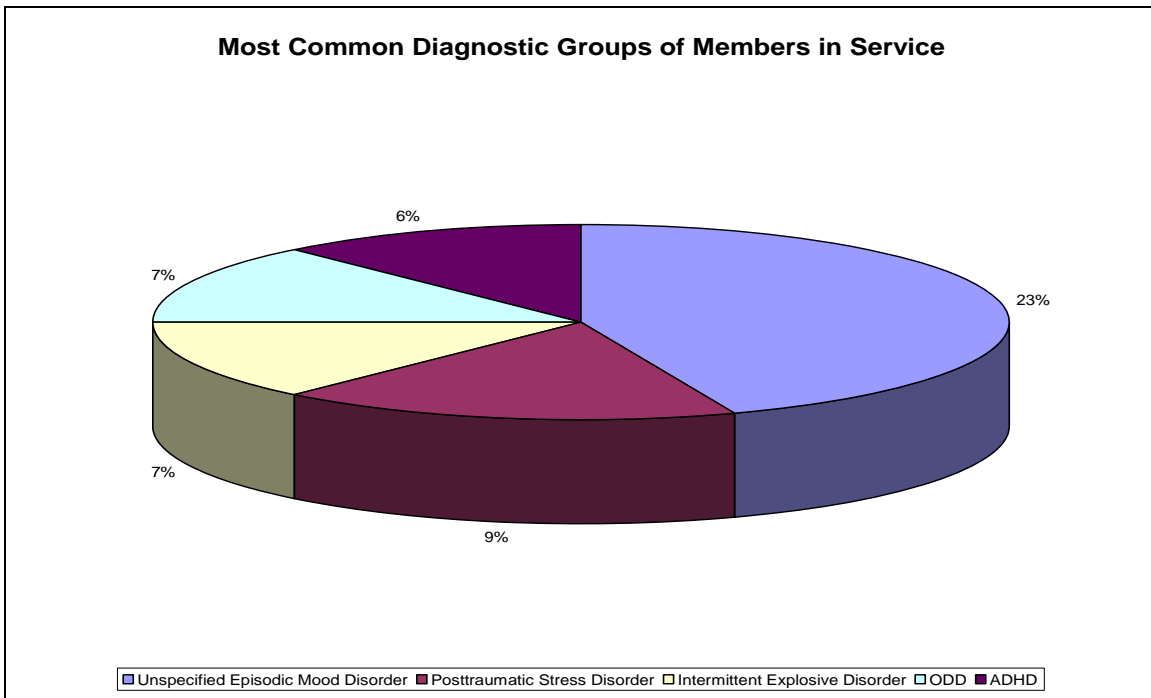
Thirty-three percent of the Members were female and sixty-seven percent were male.



Sixty-eight percent of these Members were Caucasian, twenty percent were African American, eleven percent were categorized as Other, and one percent were Asian.



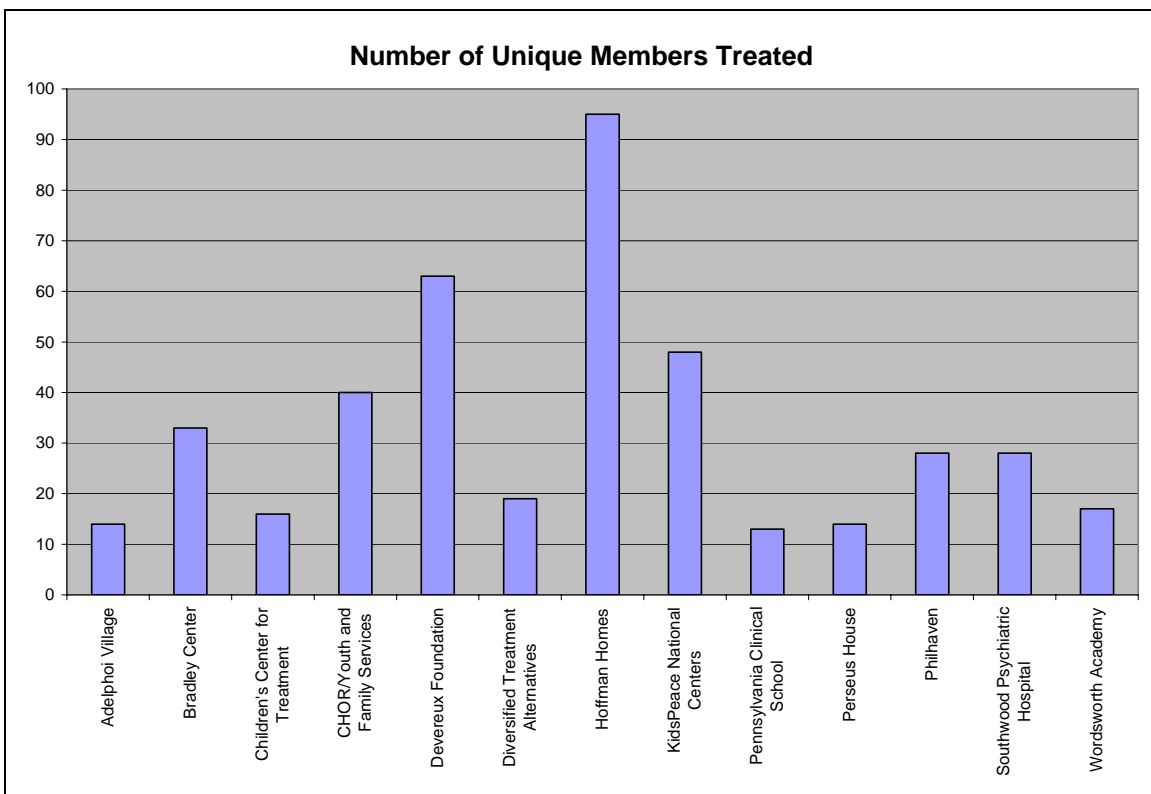
The most common diagnoses of Members receiving Partial Hospitalization Services were Unspecified Episodic Mood Disorder – 296.90 at twenty-three percent, Posttraumatic Stress Disorder – 309.81 at nine percent, Intermittent Explosive Disorder – 213.34 at seven percent, Oppositional Defiant Disorder – 313.81 at seven percent and Attention Deficit Hyperactivity Disorder – 314.01 at six percent.



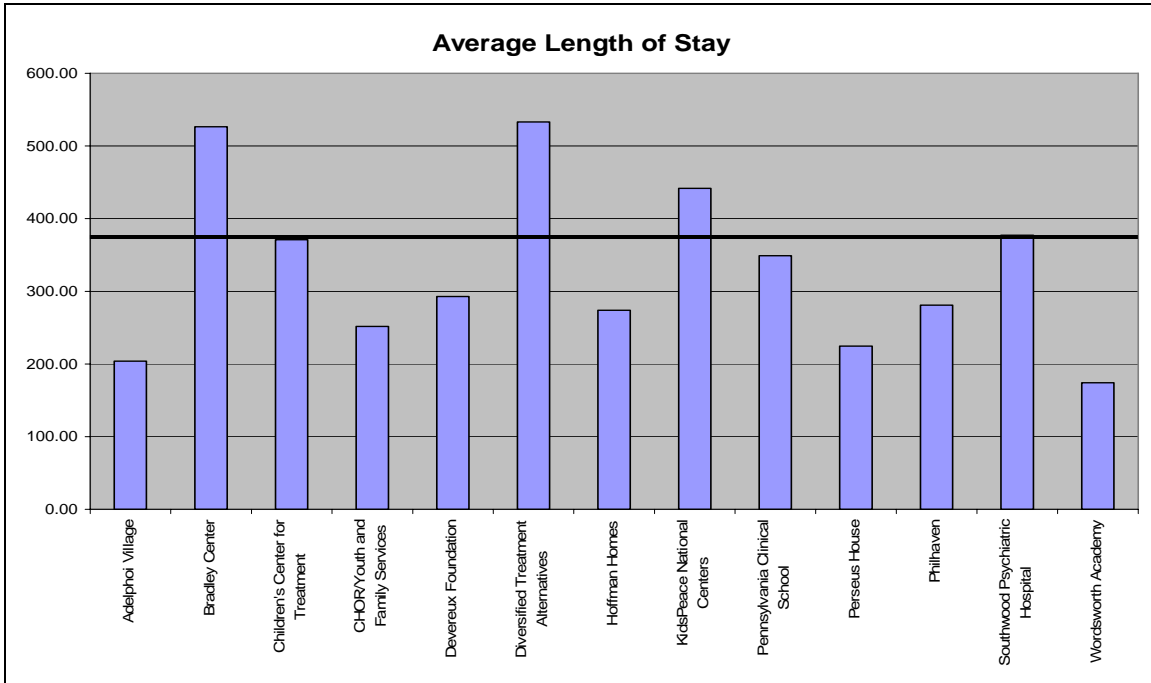
Utilization

Utilization information available for Members receiving RTF services includes the number of unique Members treated, the average length of stay, the number of inpatient admissions during the stay and the corresponding ratio of inpatient admissions to Members treated.

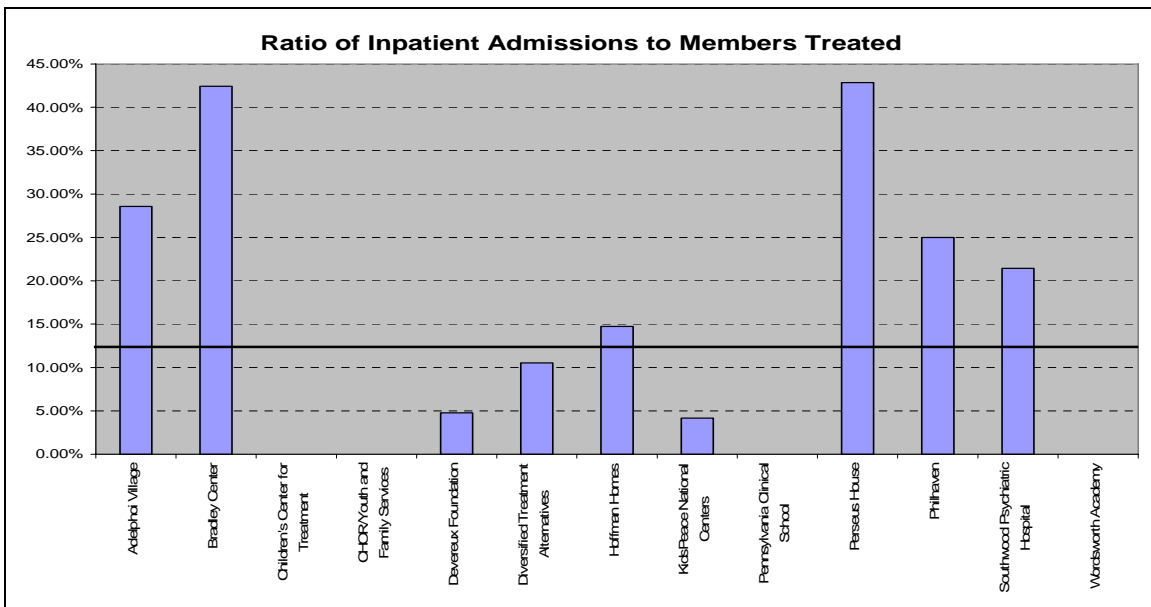
Overall, there were 523 unique Members treated across the Network for the period. The number of unique Members treated by the profiled providers ranged from thirteen to ninety-five.



The average length of stay across the Network was 376.62 days, up from 291.89 in 2008-2009, as indicated by the solid black line in the chart below.

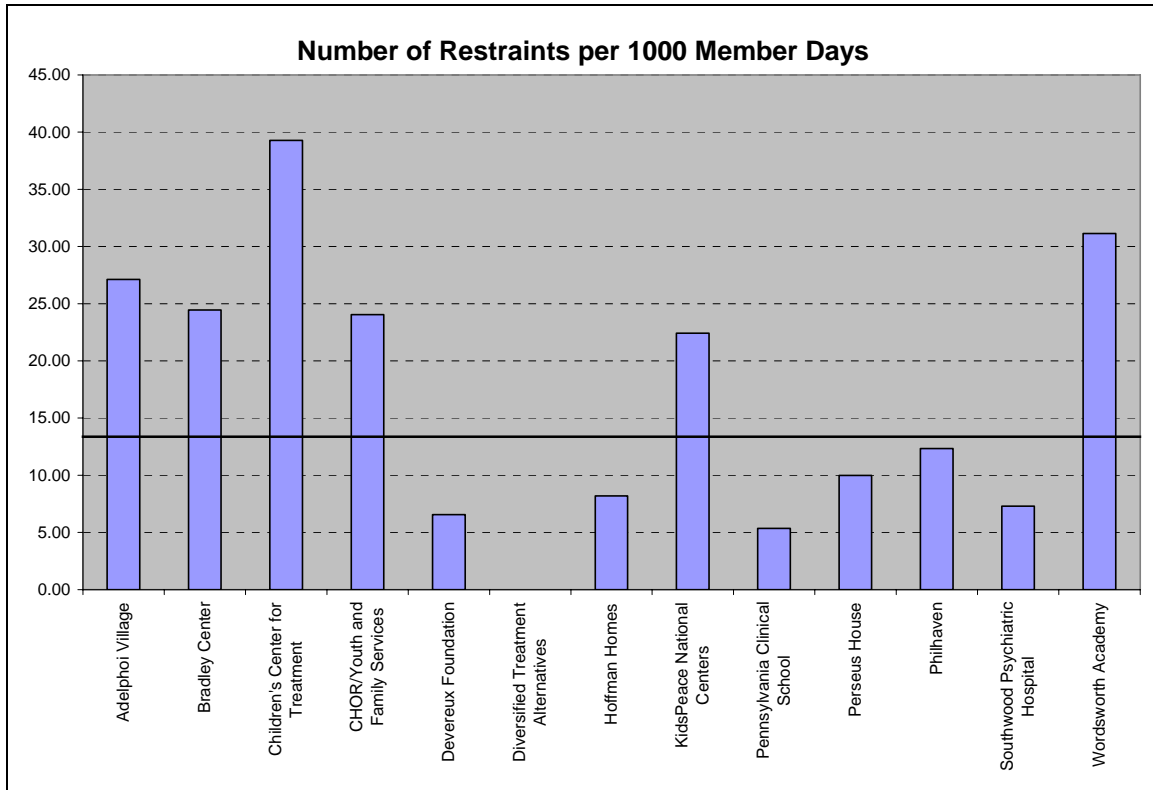


The number of inpatient admissions during RTF stays across the Network was 68, with a thirteen percent ratio of inpatient admissions to Members treated, as indicated by the solid black line in the chart below. Seven providers fell below the Network average. In 2008-2009, there were 107 inpatient admissions, with a corresponding ratio of inpatient admissions to Members treated of 17.80%.



Service Delivery

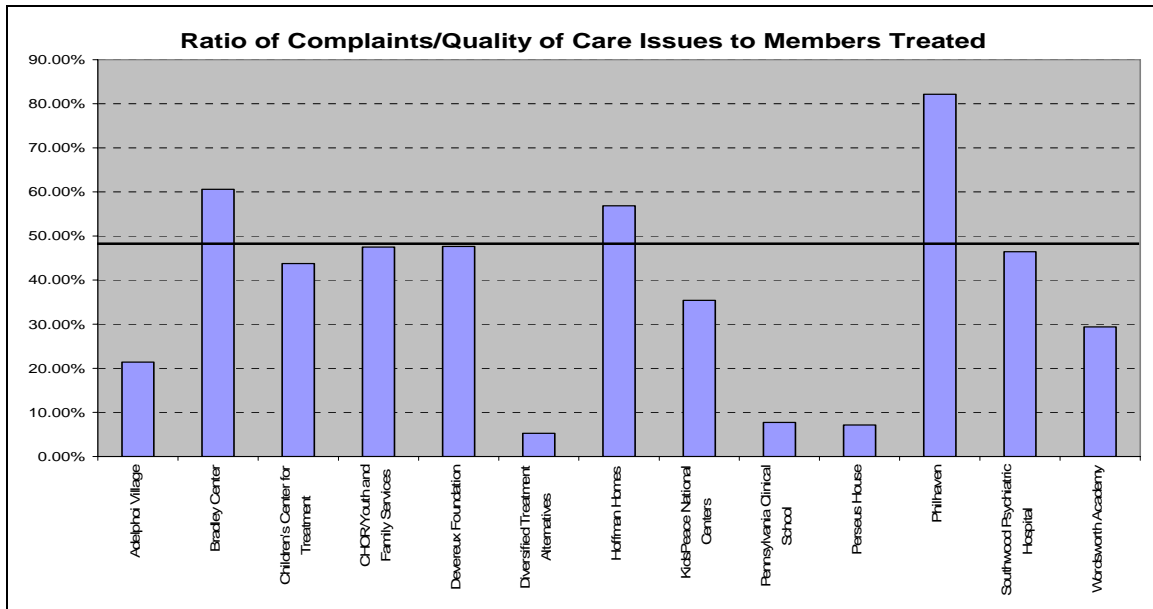
Service delivery was measured by the number of reported restraints per 1000 Member days. The Network average was 13.23, as indicated by the solid black line in the chart below, which is down from the 2008-2009 average of 14.44. Seven of the thirteen profiled providers scored below the Network average.



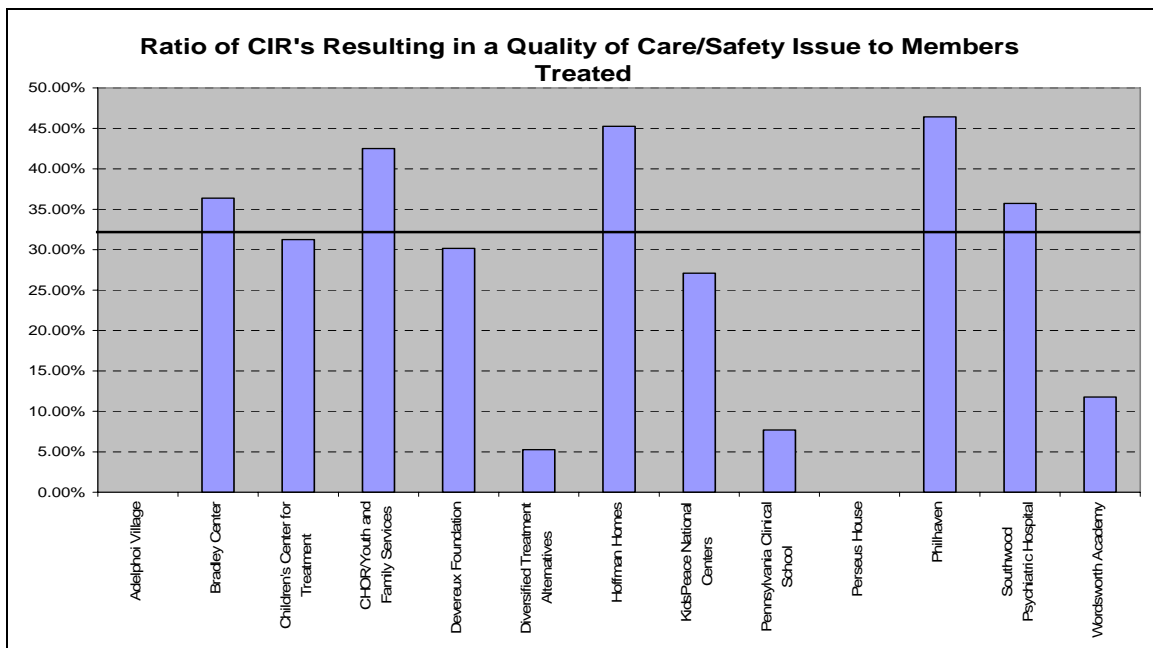
Quality

The quality indicators for RTF services were measured by the total number of complaints and quality of care issues, the total number of critical incident reports submitted by the provider and the provider's Co-Occurring Competency score.

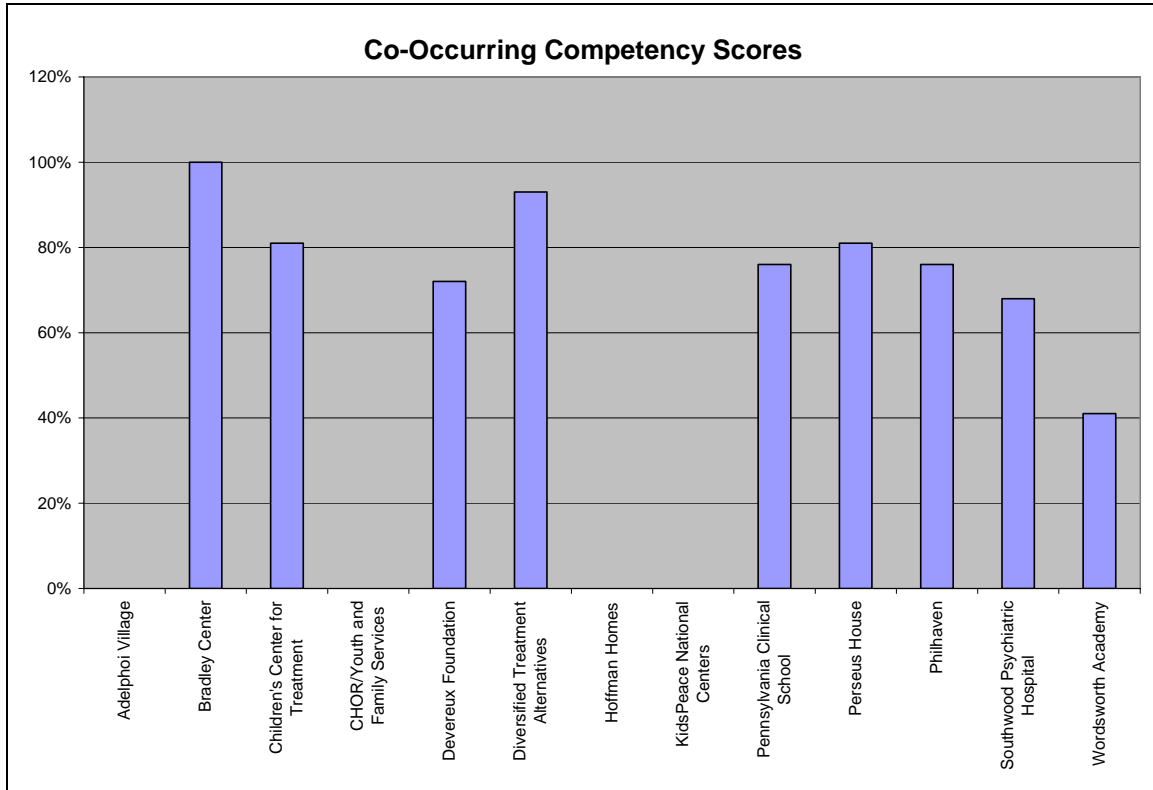
Across the Network there were a total of 258 complaints and quality of care issues reported, resulting in a 49.33% ratio of complaints/quality of care issues to Members treated, as indicated by the solid black line in the chart below. Ten providers fell below the Network average.



There were a total of 2,284 critical incident reports (CIR's) submitted, 173 of which resulted in a quality of care or safety issued. The total ratio of critical incident reports resulting in a quality of care or safety issue to Members treated was 33.08%. Eight of the thirteen providers scored below the Network average.



Profiled providers received a score of between zero and 100% for Co-Occurring Competency.



Compliance

Compliance indicators were measured using IPRO measure scores from treatment record reviews, the number of denied administrative appeals, the number of provider performance issues reported for each provider and the provider training attendance score.

There were four IPRO measures that were scored individually.

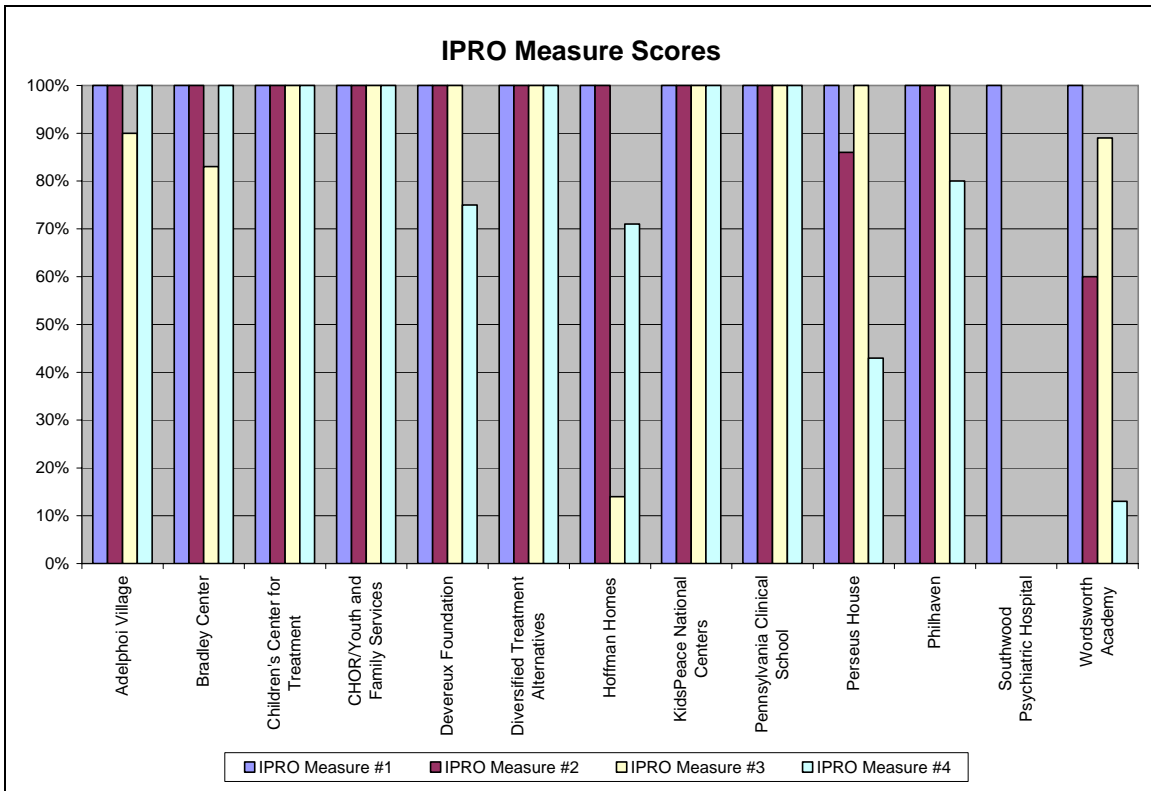
IPRO Measure #1: If psychotropic medications prescribed, there were reasons documented to support this intervention (90% compliance).

IPRO Measure #2: Rationale for prescribed medications was documented in the discharge summary.

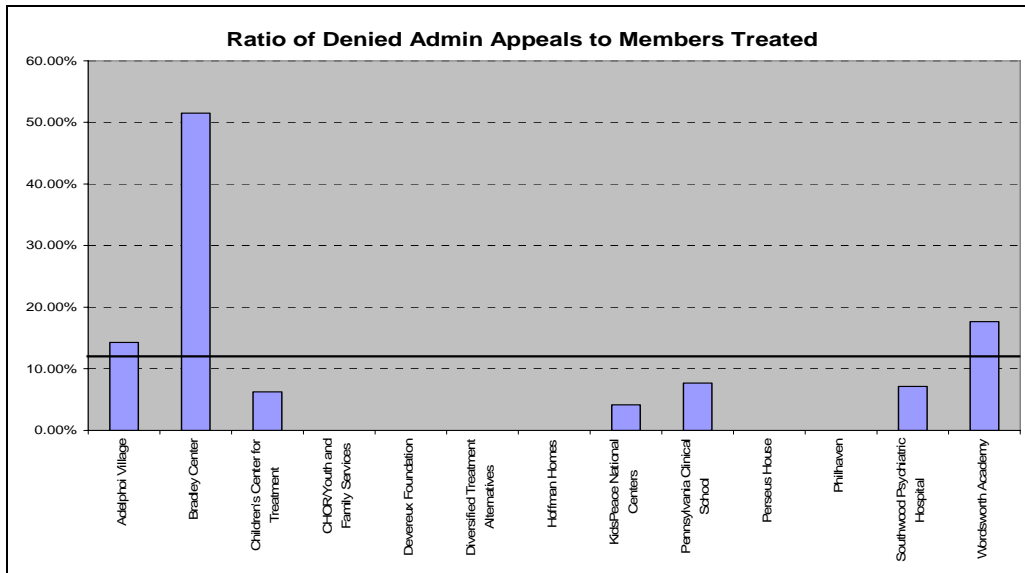
IPRO Measure #3: A scheduled follow-up appointment with an ambulatory mental health provider was clearly noted in the chart. .

IPRO Measure #4: There was evidence that an ambulatory MH provider or county MH agency was provided materials regarding treatment at the RTF at any time near date of discharge.

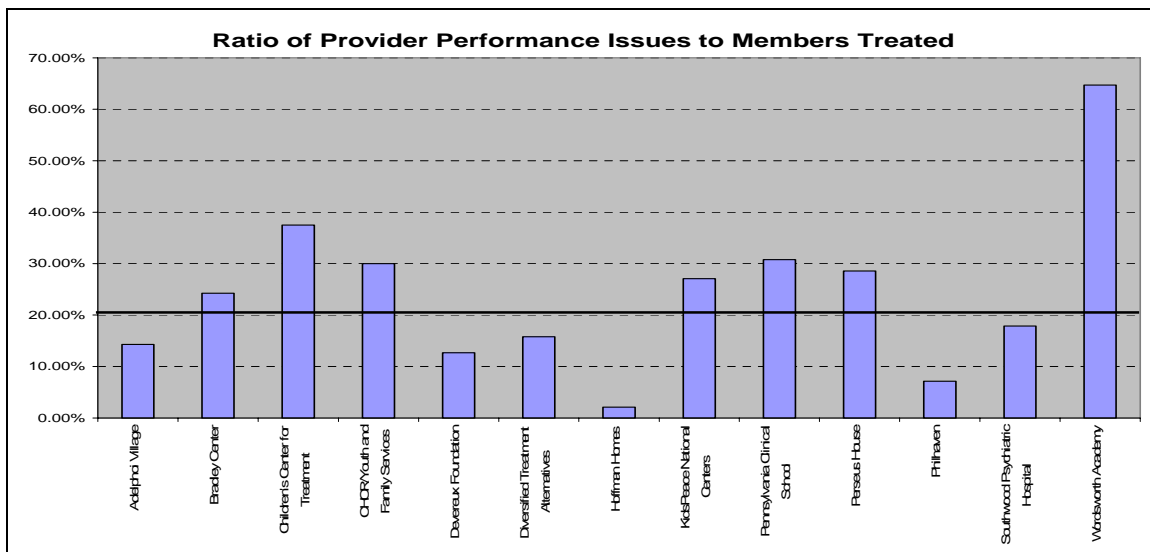
The Network average for measure #1 was ninety-six percent, measure #2 was ninety-eight percent, measure #3 was eighty-two percent and measure #4 was eighty-three percent, with an overall Network average IPRO score of ninety percent. All providers completed a self audit, with the exception of Hoffman Homes and Wordsworth Academy.



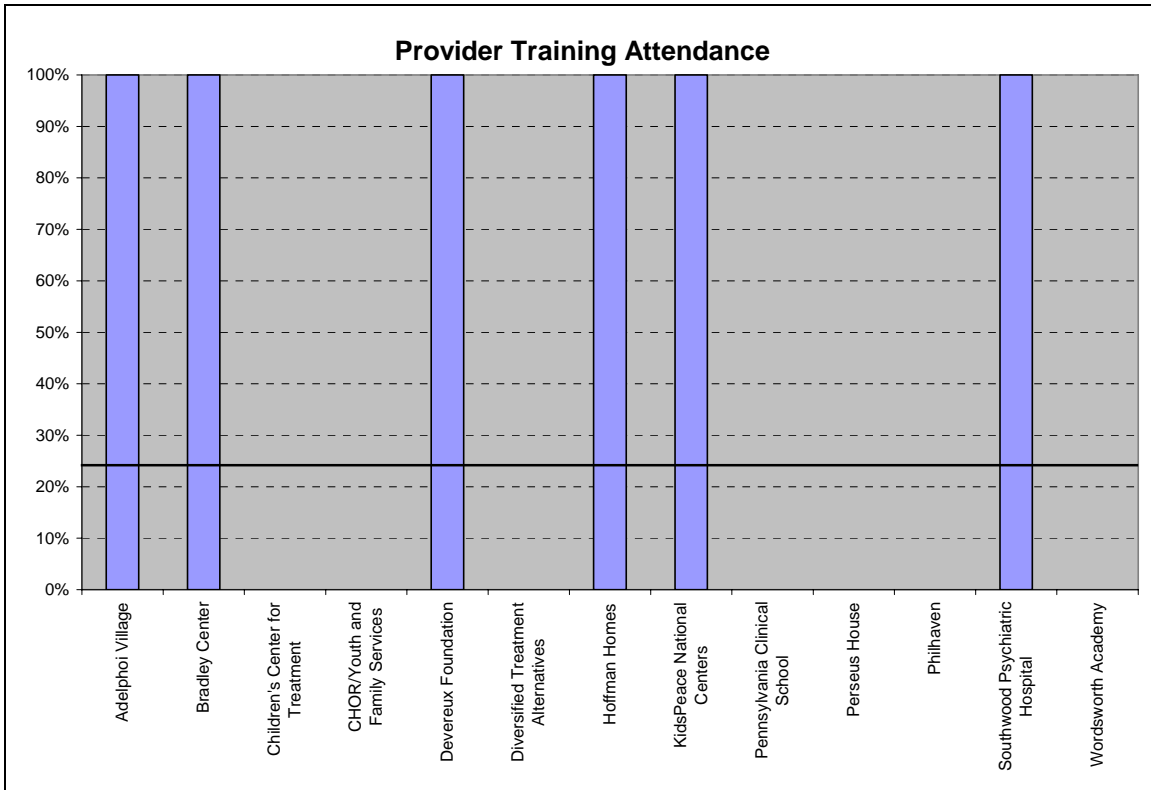
There were sixty-five denied administrative appeals across the Network for RTF services, resulting in a 12.43% ratio of denied administrative appeals to Members treated. Six of the twelve providers had zero denied appeals, while the remaining seven ranged from one to seventeen. Ten of the thirteen profiled providers scored below the Network average of 12.43%



Although provider performance measures are taken using a variety of provider issues, profiling was completed using the issue with the highest volume of documented instances. The issue for RTF services was the request or treatment plan was submitted with incorrect, incomplete or missing information. Across the Network there were 114 documented issues, resulting in a 21.80% ratio of provider performance issues to Members served, as indicated by the solid black line in the chart below. This ratio is down significantly from the 51.08% rate from 2008-2009.



Providers have the opportunity to attend provider trainings done by CBHNP throughout the year. Although these meetings are not mandatory, they include valuable information for providers, and they are encouraged to attend. The Network average of provider training attendance was twenty-nine percent, indicated by the solid black line in the chart below. Seven of the thirteen profiled providers did not attend any of the available trainings.



Satisfaction

Member satisfaction was measured by the percentage of Members satisfied with the outcomes of complaints that were filed. Overall satisfaction with RTF complaints across the Network was 100%. Eleven of the twelve providers had no complaints filed against them. The remaining two providers, The Devereux Foundation, Inc. and Hoffman Homes, Inc., had a 100% satisfaction rating.

Provider Rank

Residential Treatment Facility providers were given an overall rank score for performance based on scores of several profiled indicators. These indicators included scores for ratio of inpatient admissions to Members treated, number of restraints per 1,000 Member days, ratio of complaints/quality of care issues to Members treated, ratio of critical incidents to Members treated, IPRO Measure scores, ratio of denied admin

appeals to Members treated, ratio of provider performance issues to Members treated and provider training attendance. The overall ranking is as follows.

2009-2010 Rank by Order

Provider	
Diversified Treatment Alternatives	1
Pennsylvania Clinical School	2
Devereux Foundation	3
KidsPeace National Centers	4
Southwood Psychiatric Hospital	5
CHOR/Youth and Family Services	6
Adelphoi Village	7
Perseus House	7
Hoffman Homes	9
Children's Center for Treatment	10
Philhaven	11
Wordsworth Academy	12
Bradley Center	13

Network Recommendations

When summarizing the information contained above, several strategies for impacting RTF provider performance should be considered.

- Implement more active discharge strategies to assist Members in transitioning to more natural settings
- Identify internal practices that can facilitate more active treatment efforts, which would likely impact treatment duration
- Develop enhanced strategies for the transfer of skills and skill generalization
- Develop an agency policy that incorporates discharge discussions upon admission, as well as on an ongoing basis
- Consider developing alternative mental health treatments that are targeted to symptom reduction, and are less intrusive and more effective than RTF treatment
- Adopt empirically based treatment packages specifically geared toward recovery from a mental illness, symptom management, and anger management
- Enhanced training to clinical staff in order to provide more active mental health treatment to our Members while reducing the use of restraints
- Distribute CBHNP resource guide to all internal staff in order to fully develop natural and community supports
- Adopt a evidence based model for restraint reduction efforts
- Develop a consortium of providers in order to share information and collectively address provider difficulties
- Establish an active treatment culture and focus whereby treatment progress, or lack thereof, is continually assessed and adjusted
- Critically assess the ongoing impact that continued stay in the current LOC may have (e.g., diminishing return; offer alternative treatments)



CBHNP

An AmeriHealth Mercy Company

- Emphasize the active involvement of the family in treatment, as well as providing assistance and education regarding strategies that have resulted in symptom reduction (while in placement)